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RETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)	Docket Number (Optional)						
RETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2005 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)	BVTP	-P01-539					
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Application Number 09/453109	Filed De	cember 2, 1999					
For MICRONEEDLE DEVICE FOR WITHDRAWAL AND SENSING OF BODILY FLUIDS							
Art Unit 3736	Examiner	M. J. Kremer					
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.							
The requested extension and fee are as follows (check time period desi	red and enter the ap	propriate fee below):					
<u>Fee</u>	Small Entity Fee						
One month (37 CFR 1.17(a)(1)) \$120	\$60	<b>\$</b> .					
Two months (37 CFR 1.17(a)(2)) \$450	\$225	\$					
Three months (37 CFR 1.17(a)(3)) \$1020	\$510	\$ 510.00					
Four months (37 CFR 1.17(a)(4)) \$1590	<b>\$</b> 795	\$					
Five months (37 CFR 1.17(a)(5)) \$2160	\$1080	\$					
x Applicant claims small entity status. See 37 CFR 1.27.							
A check in the amount of the fee is enclosed.							
Payment by credit card. Form PTO-2038 is attached.							
x The Director has already been authorized to charge fees in this application to a Deposit Account.							
The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 18-1945 . I have enclosed a duplicate copy of this sheet.							
Deposit Account Number18-1945 I have encl	osed a duplicate cop	y or trito oricet.					
I am the applicant/inventor.							
assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).							
x attorney or agent of record. Registration Number	r41,368						
attorney or agent under 37 CFR 1.34.							
Registration number if acting under 37 CFR 1.34							
China M Tronung	June	29, 2006					
Signature		Date					
Lisa M. Treannie	(617)	951-7725					
Typed or printed name Telephone Number							
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their repr than one signature is required, see below.	esentative(s) are required. S	submit multiple forms if more					
X Total of1 forms are submitted.							
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<b>V.</b>		I hereby certif	ddres	this corresponder sed to: MS Amer	nce is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in ndment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date  Signature: